RESERVE NATIONAL

Save time, postage, and up to 8% on your policy the E-Z Way with pre-authorized bank payment

Here's how the E-Z Way choice works. Once you sign and mail in the authorization form below, we will process your enrollment in Reserve National Insurance Company's automatic payment plan by electronic draft. Then, each billing date, your financial institution will deduct the amount of your insurance premium from your checking account.

Here's why you'll like this choice...

-- It's automatic
-- One less check to write
-- One less stamp to buy
-- One less worry if you're out of town

Here's how to enroll

Just fill out the simple form below. Tear it off at the perforation and mail it with your next premium payment to:

Reserve National Insurance Company
601 E. Britton Rd
Oklahoma City, OK 73114

Be sure to attach a voided personal check (along with your current payment) and return with the completed form below. Please allow 4 to 6 weeks for your enrollment in your electronic draft to be processed.

Automatic Bank Payment Plan...
a convenient, efficient service for
valued policyholders.

To enroll in the E-Z Way pre-authorized payment plan, check the monthly or quarterly payment box, sign and date the authorization, and return with a voided personal check and your current premium payment.

Through the E-Z Way plan, your bank will pay your premium from your checking account. Besides the **savings** the E-Z Way plan will eliminate the necessity of writing a check.

To take advantage of this money saving plan, simply complete the right-side portion of this form, detach and return it to us along with your current premium. On your next billing date, the premium will be paid by your bank and your **savings** will begin.

You may never have to write us another check!

THE E-Z WAY PLAN AUTHORIZATION

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to Reserve National Insurance Company, Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

❒ **MONTHLY PAYMENT...** **or** ❒ **QUARTERLY PAYMENT**

_____ X _____
Date **Your signature EXACTLY as it appears on Bank Records**

BD/RN 8/13